

TRANSMITTAL
FORM

Application Number	10/658,053
Filing Date	09/09/2003
First Named Inventor	Smith
Group Art Unit	2616
Examiner Name	WU, Jianye
Attorney Docket No.	SNS-006
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

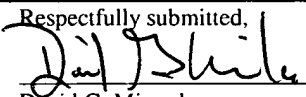
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets <u>14</u>] <input checked="" type="checkbox"/> Petition for Extension of Time <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations (C1) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input checked="" type="checkbox"/> Replacement Drawing(s) (15 Sheets) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below)
---	---	--

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600
Tel. No.: (617) 526-9600
Fax No.: (617) 526-9899

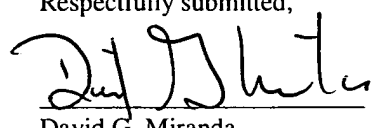
SIGNATURE BLOCK

Date: December 11, 2007
Reg. No.: 42,898
Tel. No.: (617) 526-9620
Fax No.: (617) 526-9899

Respectfully submitted,

 David G. Miranda
 Attorney for the Applicant(s)
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600



Complete if Known	
Application No.	10/658,053
Docket No.	SNS-006
Filing Date	09/09/2003
First Named Inventor	Smith
Group No.	2616
Examiner Name	WU, Jianye
Confirmation No.	4067

METHOD OF PAYMENT					FEE CALCULATION (continued)																																	
<input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other					4. ADDITIONAL FEES																																	
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081. <input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.					Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid																														
<input type="checkbox"/> Applicant claims small entity status. (deduct 50%)					130	65	Surcharge - late filing fee or oath																															
					50	25	Surcharge - late provisional filing fee or cover sheet																															
					130	130	Non-English specification																															
					2,520	2,520	Request for ex parte re-examination																															
					120	60	Extension for reply within 1 st mo.																															
					460	230	Extension for reply within 2 nd mo.																															
					1,050	525	Extension for reply within 3 rd mo.	1,050.00																														
1. BASIC FILING, SEARCH, AND EXAMINATION FEES					1,640	820	Extension for reply within 4 th mo.																															
<table border="1"> <thead> <tr> <th>Application Type</th> <th>Filing</th> <th>Search</th> <th>Examination</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>310</td> <td>510</td> <td>210</td> <td></td> </tr> <tr> <td>Design</td> <td>210</td> <td>100</td> <td>130</td> <td></td> </tr> <tr> <td>Plant</td> <td>210</td> <td>310</td> <td>160</td> <td></td> </tr> <tr> <td>Reissue</td> <td>310</td> <td>510</td> <td>620</td> <td></td> </tr> <tr> <td>Provisional</td> <td>210</td> <td>0</td> <td>0</td> <td></td> </tr> </tbody> </table>					Application Type	Filing	Search	Examination	Fee Paid	Utility	310	510	210		Design	210	100	130		Plant	210	310	160		Reissue	310	510	620		Provisional	210	0	0		2,230	1,115	Extension for reply within 5 th mo.	
Application Type	Filing	Search	Examination	Fee Paid																																		
Utility	310	510	210																																			
Design	210	100	130																																			
Plant	210	310	160																																			
Reissue	310	510	620																																			
Provisional	210	0	0																																			
					510	255	Notice of Appeal																															
					510	255	Filing a brief in support of an appeal																															
					1,030	515	Request for oral hearing																															
					400	0	Petitions to the Director																															
					180	180	Submission of Supplemental IDS	180.00																														
					810	405	Filing a submission after final rejection (37 CFR 1.129(a))																															
					810	405	For each additional invention to be examined (37 CFR 1.129(b))																															
					100	100	Certificate of Correction for applicant's error																															
					130	65	Submission of Terminal Disclaimer																															
					Other fee (Specify)																																	
					Other fee (Specify)																																	
2. EXCESS CLAIM FEES					4. TOTAL: \$1230.00																																	
<table border="1"> <thead> <tr> <th>Fee</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.</td> <td>50 25</td> </tr> <tr> <td>Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.</td> <td>210 105</td> </tr> <tr> <td>Total Claims</td> <td>Extra Claims</td> </tr> <tr> <td colspan="2">Fee Paid (\$)</td> </tr> </tbody> </table>					Fee	Small Entity Fee (\$)	Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.	50 25	Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.	210 105	Total Claims	Extra Claims	Fee Paid (\$)		TOTAL AMOUNT SUBMITTED (\$ 1230.00)																							
Fee	Small Entity Fee (\$)																																					
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.	50 25																																					
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.	210 105																																					
Total Claims	Extra Claims																																					
Fee Paid (\$)																																						
- 20 or HP= _____ x \$ _____ = HP = highest number of total claims paid for, if greater than 20																																						
<table border="1"> <thead> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td colspan="3">- 3 or HP= _____ x \$ _____ =</td> </tr> <tr> <td colspan="3">HP = highest number of total claims paid for, if greater than 3</td> </tr> </tbody> </table>					Indep. Claims	Extra Claims	Fee Paid (\$)	- 3 or HP= _____ x \$ _____ =			HP = highest number of total claims paid for, if greater than 3																											
Indep. Claims	Extra Claims	Fee Paid (\$)																																				
- 3 or HP= _____ x \$ _____ =																																						
HP = highest number of total claims paid for, if greater than 3																																						
<table border="1"> <thead> <tr> <th>Multiple Dependent Claims</th> <th>Fee(\$)</th> <th>Small Entity fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td></td> <td>370</td> <td>185</td> <td></td> </tr> </tbody> </table>					Multiple Dependent Claims	Fee(\$)	Small Entity fee (\$)	Fee Paid (\$)		370	185																											
Multiple Dependent Claims	Fee(\$)	Small Entity fee (\$)	Fee Paid (\$)																																			
	370	185																																				
2. TOTAL:																																						
3. APPLICATION SIZE FEE					SIGNATURE BLOCK																																	
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					Respectfully submitted,  Date: December 11, 2007 Reg. No.: 42,898 Tel. No.: (617) 526-9620 Fax No.: (617) 526-9899																																	
<table border="1"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>-100=</td> <td>0</td> <td>/50=</td> <td>round up to a whole number</td> <td>x = 0.00</td> </tr> </tbody> </table>					Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid	-100=	0	/50=	round up to a whole number	x = 0.00																								
Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid																																		
-100=	0	/50=	round up to a whole number	x = 0.00																																		
3. TOTAL:																																						
CORRESPONDENCE ADDRESS																																						
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899																																						